

Town of Fairview

7400 Concord Highway
Monroe NC 28110

ZONING COMPLIANCE APPLICATION- ACCESSORY BUILDING

AC-		<u>\$100</u>	
Permit Number:	Date:	Fee Paid:	Check Number:
Applicant Name:		Phone #:	Fax #:
Street Address:	City	State	Zip
Lot Information			
Street: _____		Lot Number: _____	
Tax Parcel Number: _____	Area: _____	Street Frontage: _____	
Subdivision/Phase: _____		Zoning: _____	
Gross Floor Area (Total Square Footage) of House: _____			

Principal Structure Requirements:

Required:		As Built:
<u>5 feet</u>	Side Yard, Left	_____
<u>5 feet</u>	Side Yard, Right	_____
<u>5 feet</u>	Rear Yard	_____
<u><12' (35' Max)</u>	Height	_____

Accessory Building Dimensions _____

ATTACH THE FOLLOWING: Two copies of a scaled dimensional survey drawn by and certified as true and correct by a surveyor or engineer registered with the state of North Carolina which affirmatively shows that the building or structure was erected in compliance with the Town of Fairview Land Use Ordinance and the Zoning Permit previously issued.

I HEREBY CERTIFY that all of the information provided for this application and all attachments is true and correct to the best of my knowledge. I further certify that I am familiar with all requirements of the Town of Fairview Land Use Ordinance concerning this proposed use. I acknowledge that any violation of this ordinance will be grounds for revoking this permit and any subsequent permit issued by the Town of Fairview.

APPLICANT SIGNATURE

DATE

THIS PERMIT IS: APPROVED _____

DISAPPROVED _____

LAND USE ADMINISTRATOR

DATE

Comments: